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MEDICAL FORM B: PHYSICAL EXAM

ONE PER APPLICANT

TO BE COMPLETED BY MEDICAL DOCTOR OR NURSE PRACTITIONER

All new students and returning students entering Middle or High School must submit completed Medical Forms A & B before (re-)enrolling at AIS Vienna.

Student's name..... Date of Birth.....

Note to physician: The information requested below is desirable as part of the complete health appraisal for this applicant, in order that the school program may be modified, so that the applicant may be carefully observed, and/or proper follow-up procedures may be carried out, according to your recommendations. All information will be kept confidential by the school. For the normal findings, use "O" as code. When a question is answered in the affirmative, write significant findings and specific recommendations below.

- Height (Körpergröße).....
- Weight (Gewicht).....
- Blood Pressure (Blutdruck).....
- Skin (Haut).....
- Posture (Körperhaltung).....
- Orthopaedic/structural defects.....
- Vision (Sehen) screening.....
- Hearing (Gehör) screening.....
- Nose (Nase).....
- Throat (Hals) / Tonsils (Mandeln).....
- Thyroid (Schilddrüse).....
- Heart (Herz).....
- Lungs (Lungen).....
- Abdomen (Unterleib).....
- Hernia (Hernie).....
- Nervous system (Nervensystem).....

Speech defect (Fehlsprechen / Sprechanomalie).....

Teeth (temporary) / Zähne (Zahnprothese).....

Teeth (permanent) / Zähne (eigene).....

Urinalysis (if indicated).....

Bloods tests (if indicated).....

Other findings or additional pertinent history:.....

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PHYSICIAN'S RECOMMENDATIONS TO THE SCHOOL

Please check "Yes" or "No". If "Yes", please specify recommendations below.

		Yes	No
1	Are there any problems relating to growth and development with which the parents and school should be acquainted?		
2	Do you recommend any further examinations or laboratory testing?		
3	Is applicant subject to conditions which make for classroom emergencies?		
4	Is there any reason to limit the applicant's participation in classroom and playground activities, or in physical education classes?		
5	Is there any mental, emotional, or physical condition for which the applicant should remain under periodic medical observation?		

RECOMMENDATIONS AND COMMENTS

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Immunizations given at this visit.....

Signature of PHYSICIAN.....

Date.....

Address.....